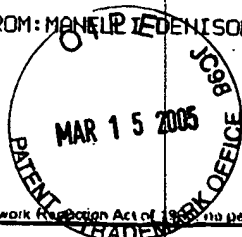


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**REVOCATION OF POWER OF  
 ATTORNEY WITH  
 NEW POWER OF ATTORNEY  
 AND  
 CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/694,297
Filing Date	10/24/00
First Named Inventor	ZOMBEK
Art Unit	2155
Examiner Name	BATES, Kevin T.
Attorney Docket Number	20-568

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with  
 Customer Number:

OR

☒ Firm or  
 Individual Name **Manelli Denison & Soltor PLLC**  
 Attention: William H. Bolman

Address **2000 M Street, NW**  
**Suite 700**

City **Washington**

State **DC**

Zip **20036**

Country **USA**

Telephone **202-261-1000**

Fax **202-887-0336**

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature *Bruce White*

Name **Bruce White, TSYS Acquisition Corp.**

Date

Telephone

**410-280-1224**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

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